

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2013
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505223 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/03/2013 |
| NAME OF PROVIDER OR SUPPLIER AVAMERE BELLINGHAM HEALTH CARE & REHAB SERVICES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 BIRCHWOOD AVENUE BELLINGHAM, WA 98225 | | |
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| F 000 | <p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey (QIS) conducted at Avamere Bellingham Health Care and Rehab Services on 09/30/13, 10/01/13, 10/02/13 and 10/03/13. A sample of 27 residents was selected from a census of 68. The sample included 21 current residents and the records of 6 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>██████████ R.N., BSN ██████████ R.N., BSN ██████████ BSHS ██████████ R.N., BSN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, Region 3, Unit A 3906 172nd Street NE, Suite 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>[Signature]</i> 10/10/13 Residential Care Services Date</p> | F 000 | <p><i>This plan of correction is submitted as required under Federal and State regulations and statutes applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyor's findings and/or conclusions are -deficiency or that the scope and severity regarding any of the deficiencies cited are correctly applied.</i></p> <p>The plan of correction includes the following:</p> <ol style="list-style-type: none"> How the facility will correct the deficiency as it relates to the resident; How the facility will act to protect residents in similar situations; Measures the facility will take or the systems it will alter to ensure that the problem does not recur; What monitors have been put into place to assure that solutions are sustained; Date of compliance; and Who is responsible to ensure correction. <p>OCT 22 2013 ADSA/RCS Region 3</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

ADMINISTRATOR

10/18/2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 246 SS=D | <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to accommodate 1 of 1 residents (20) sampled for accommodation of needs. This failure prevented the resident from maintaining and or achieving independent functioning to the extent possible with her favorite leisure pursuit.</p> <p>Findings include:</p> <p>Resident 20 was admitted to the facility on [REDACTED]/13 with diagnosis to include [REDACTED] arthritis.</p> <p>In interview with the resident on 10/2/13 at approximately 1:10 p.m., the resident stated she would like to have a remote control for her television that she could use. The resident's hands were severely contracted. The resident was unable to press the remote's buttons due to the buttons being so small. She said the facility had tried to give her a pencil type item for her to push the buttons with but it did not work.</p> <p>The resident continued to say, she stayed in bed</p> | F 246 | <p>F246 Reasonable Accommodation of Needs/Preferences</p> <p>I. Resident #20 was evaluated by OT and provided an appropriate remote control which she is able to use independently.</p> <p>II. The Resident Care Managers or designee will evaluate residents with the ability to use their remote control independently. If indicated, a referral will be made to OT to assess for the most appropriate device for the resident.</p> <p>III. The Resident Care Managers or designee will evaluate on admit, quarterly and PRN residents with the ability to use their remote control independently. If indicated, a referral will be made to OT to assess for the most appropriate device for the resident.</p> <p>IV. The findings will be reported to the facility QAPI committee on a monthly basis for 3 months. A subsequent action plan will be developed and implemented as indicated through the QAPI process.</p> <p>V. Date of compliance 10/30/2013</p> <p>VI. The Administrator is responsible for ensuring compliance with this standard.</p> | | |

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| F 246 | Continued From page 2 most of the time and watching television was very important to her. She explained that she had to rely on the staff or her husband to turn the television on or off, change the channel, lower or increase the volume. She did not like being dependent on her husband or staff availability for the use of her remote. In an interview with the social worker on 10/3/13 at 1:00 p.m., when asked about the resident's television remote control, she stated, the issue was referred to occupational therapy and she thought it had been taken care of. | F 246 | | | |
| F 309 SS=D | 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide the necessary care and services for 2 of 3 residents (12 and 2) reviewed for positioning. Staff did not ensure the residents received supportive positioning while in their wheelchairs. This failure had the potential to cause the residents discomfort and a diminished | F 309 | | | |

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| F 309 | <p>Continued From page 3 quality of life.</p> <p>Findings include:</p> <p>RESIDENT 12 Resident 12 was admitted [REDACTED] 2003 with diagnosis to include dementia and stroke. The Minimum Data Set (MDS), an assessment tool, dated 8/26/13, identified the resident required extensive assistance of one person for transfers and bed mobility. The resident was not able to sit in a regular chair without physical assistance.</p> <p>The care plan was reviewed. The resident had a tilt-n-space wheelchair for positioning needs.</p> <p>Multiple observations regarding wheelchair positioning were made throughout the survey. Resident 12 was observed tilted back 50-80 degrees in the wheelchair with the foot rests in place, however, both of the resident's feet were dangling down and not supported. The resident's feet were swollen.</p> <p>In an interview on 10/03/13 at 9:40 a.m., Staff C, a License Nurse, was aware of the resident's positioning in her wheelchair. Staff C indicated the facility attempted a "strap" to help support the resident's legs. This was not successful due to the resident moving her lower extremities. There was no evidence from therapy on how the resident should have been positioned while in the wheelchair.</p> <p>In an interview at 10:20 a.m., Staff D, Nursing Assistant Certified, stated the resident had always been in a tilt-n-space wheelchair. She was aware of the resident's swollen feet and stated "she is always the first resident we lay down so she can</p> | F 309 | <p>F309 Provide Care/Services for Highest Well Being</p> <p>I. Resident # 12 was evaluated by therapy and appropriate calf rests were applied to the wheelchair to prevent dangling. Resident #2 was evaluated by therapy and appropriate leg and foot rests were applied to the wheelchair to prevent dangling.</p> <p>II. The Resident Care Managers or designee will complete rounds to assure proper placement and lower extremity positioning on residents in wheelchairs. The results will be reported at the morning meeting and referrals made to therapy as indicated.</p> <p>III. A therapist or designee will educate staff on proper placement and lower extremity positioning for residents in wheelchairs.</p> <p>IV. The Resident Care Managers or designee will complete random rounds to assure proper placement and lower extremity positioning on residents in wheelchairs. The results will be reported at the Stand Up meeting and referrals made to therapy as indicated. Therapy will report their plan of care at the Stand Down Meeting. The findings will be reported to the facility QAPI committee on a monthly basis for 3 months. A subsequent action plan will be developed and implemented as indicated through the QAPI process.</p> | | |

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| F 309 | <p>Continued From page 4 elevate her feet."</p> <p>RESIDENT 2 Resident 2 was admitted [REDACTED] 2013 with diagnosis of Dementia and [REDACTED] (abnormal, recurrent, involuntary movements of the trunk and extremities). The MDS dated 8/1/13, identified the resident was dependent with transfers, bed mobility, and wheelchair mobility.</p> <p>The care plan was reviewed. The resident had a tilt-n-space wheelchair for positioning.</p> <p>Multiple observations of the resident's wheelchair positioning were made. The resident was observed tilted back 55-80 degrees with her feet dangling down and not supported even though the resident's footrests were in place and the foot plates were in the down position.</p> <p>In an interview on 10/3/13 a.m. at 9:20 a.m., Staff B, Resident Care Manager, stated a "strap" had been tried prior but was not successful due to her frequent movement of the lower extremities. She further stated, the resident's foot pedals were to be in the upright position due to the resident "moving her lower legs so much." She was made aware the foot pedals had been in the downward position throughout the survey observations.</p> <p>There was no evidence of therapy addressing the resident's wheelchair positioning.</p> | F 309 | <p>V. Date of compliance 10/30/2013</p> <p>VI. The Administrator is responsible for ensuring compliance with this standard.</p> | | |
| F 315 SS=D | 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER | F 315 | | | |

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| F 315 | <p>Continued From page 5</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 5 residents (79) reviewed for urinary incontinence received appropriate treatment and services needed to maintain normal bladder function as much as possible. Failure to thoroughly assess an increase in incontinence and to generate an individualized toileting program, placed the resident at risk for deterioration of urinary function.</p> <p>Findings include:</p> <p>The facility policy and procedure for "Urinary Incontinence" dated 8/31/12, stated the facility will provide care and treatment "to help the patient restore his/her highest level of normal bladder function as possible . . ."</p> <p>Resident 79 was admitted to the facility [REDACTED] 2013 with diagnosis to include [REDACTED]</p> <p>The bladder assessment and nursing admission assessment dated 6/7/13 identified the resident as continent of bladder and required stand by assistance for toileting needs.</p> | F 315 | <p>F315 No Catheter, Prevent UTI, Restore Bladder</p> <p>I. Resident # 79 was placed on a 3 day bladder tracking tool to evaluate for incontinence. The tracking tool concluded resident #79 was only occasionally incontinent and bladder training is not needed. A new bladder assessment was completed.</p> <p>II. The Resident Care Manager or designee will assess bladder function on residents to ensure residents are receiving appropriate treatment and services needed to maintain normal bladder function as much as possible.</p> <p>III. Staff B was re-educated on the Bladder Assessment Tool. Staff Development Coordinator or designee will inservice Nursing Assistants on accurate flow sheet charting. Resident Care Manager or designee will audit bladder function of the residents quarterly or at Change of Condition. Information will be obtained from NAC flow sheets, staff interviews, and resident interviews assure the bladder function of the resident is accurate.</p> <p>IV. The findings will be reported to the facility QAPI committee on a monthly basis for 3 months. A subsequent action plan will be developed and implemented as indicated through the QAPI process.</p> <p>V. Date of compliance 10/30/2013</p> | | |

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| F 315 | Continued From page 6 The bladder and nursing assessment dated 9/11/13, identified the resident as frequently incontinent of urine and required limited assistance of one person for toileting needs. A question on the bladder assessment asked the staff how long the resident had been incontinent of urine. This was answered "unknown." The assessment did not identified the type of urinary incontinence the resident exhibited. The current care plan directed staff to check the resident frequently for toileting needs, required supervision for personal hygiene and was continent of urine. In an interview on 10/03/13 at 10:15 a.m., Staff E, Nursing Assistant Certified, stated resident 79 was checked on every half hour "or so" for her safety. Staff E stated the resident was occasionally incontinent and was not on a specific toileting plan. In an interview at 10:30 a.m., Staff B, the Resident Care Manager, was made aware of the resident's decline in urinary status. There was no further documentation explaining why the resident's urinary status declined in three months or what had been attempted to restore her function to the highest practicable level. | F 315 | VI. The Administrator is responsible for ensuring compliance with this standard. | | |
| F 318 SS=D | 483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident | F 318 | | | |

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| F 318 | <p>Continued From page 7</p> <p>with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure 1 of 2 (20) residents identified with decreased range of motion received appropriate treatment and services to prevent further decrease in range of motion. This failure may have contributed to a decline in range of motion for the resident.</p> <p>Findings include: A contracture is defined as a condition of fixed high resistance to passive stretch of a muscle.</p> <p>Resident 20 was admitted to the facility on [REDACTED] 13 with diagnosis to include [REDACTED] arthritis.</p> <p>During an interview on 10/2/13, the resident was observed to have contractures to both of her hands. When asked if she was receiving treatment for her hands, the resident stated, "No, therapy spoke about getting me splints, but it never happened."</p> <p>Record review revealed, an Occupational Therapy (OT) evaluation and plan of treatment dated 6/13/13, documented the resident's diagnosis description to be contracture of joints, hands and arthritis. The plan of care included the resident wearing bilateral palm protector splints for 2-3 hours a day in order to decrease further</p> | F 318 | <p>F318 Increase/Prevent Decrease in Range of Motion</p> <p>I. Resident #20 was re-evaluated and placed on therapy services. Upon discharge from therapy caseload, resident #20 will be placed on a functional maintenance program.</p> <p>II. A therapist or designee will evaluate residents with contractures and/or Progressive Joint Disease to ensure that residents are receiving appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>III. A therapist or designee will educate nursing staff regarding the functional maintenance program. The Admission Nurse or designee will assess patients on admit who have a diagnosis of or potential for contractures and/or Progressive Joint Disease. A referral will be made to the appropriate discipline to ensure that residents are receiving appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>IV. The findings will be reported to the facility QAPI committee on a monthly basis for 3 months. A subsequent action plan will be developed and implemented as indicated through the QAPI process.</p> <p>V. Date of compliance 10/30/2013</p> | | |

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| F 318 | <p>Continued From page 8</p> <p>contractures and preserve current hand function.</p> <p>An OT discharge summary dated [REDACTED]/13, documented. "Decided against palm protectors due to patients decreased skin integrity and continued functional use of hands."</p> <p>In a follow up interview with the resident on 10/3/13 at 10:20 a.m., the resident stated a therapy staff member had come to her room with a magazine and spoke to her about choosing a splint. She further stated, she had been waiting for the splints. "They just forgot about it or something. Maybe they thought they wouldn't work but you don't know unless you try it." When asked if she thought her contractures had gotten worse, she stated, "My finger has now started to cross over on my right hand and on my left hand I can no longer stretch my finger (index finger) out as I used to."</p> <p>In an interview with the OT supervisor on 10/3/13 at 8:30 a.m., he stated, due to the resident's advanced contractures, she was not appropriate for splints. When asked what other treatment the resident was receiving to prevent further decrease in range of motion, he stated, the resident was not receiving any treatment.</p> <p>In an interview with the area rehabilitation director on 10/3/13 at 10:00 a.m., she stated, the splints might not have been appropriate for the resident but, "we should have put the resident on a functional maintenance program."</p> <p>Even though, the resident was at risk for further decline in range of motion, the facility failed to implement a plan of care to preserve current</p> | F 318 | VI. The Administrator is responsible for ensuring compliance with this standard. | | |

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| F 318 | Continued From page 9 function and decrease further contractures. | F 318 | | | |
| F 323 SS=D | <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure the environment remained free of accident hazards for 1 of 6 residents (2) reviewed for accidents. This failure placed the resident at risk for further injury.</p> <p>Findings include:</p> <p>Resident 2 was admitted to the facility [REDACTED] 2013 with diagnosis to include dementia, [REDACTED] and [REDACTED] abnormal, recurrent, involuntary movements of the trunk and extremities). The Minimum Data Set, an assessment tool, dated 8/21/13, identified the resident as being dependent on staff for bed mobility, transfers, and wheelchair mobility.</p> <p>In a facility investigation dated 9/19/13 regarding a bruise to the resident's left lower extremity, it</p> | F 323 | <p>F323 Free of Accident Hazards/Supervision/Devices</p> <p>I. Resident # 2 had padding placed on the leg rest of the wheelchair during survey. Resident #2 care plan was updated.</p> <p>II. The Resident Care Manager or designee will review the past 3 months of resident occurrence reports to assure assistive devices are in place.</p> <p>III. The Director of Nursing or designee will monitor resident occurrence reports for needed assistive devices. A tracking tool will be utilized and discussed during stand up and stand down to assure the residents environment remains free of accident hazards as is possible.</p> <p>IV. The findings will be reported to the facility QAPI committee on a monthly basis for 3 months. A subsequent action plan will be developed and implemented as indicated through the QAPI process.</p> <p>V. Date of compliance 10/30/2013</p> <p>VI. The Administrator is responsible for ensuring compliance with this standard.</p> | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505223 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/03/2013 |
| NAME OF PROVIDER OR SUPPLIER AVAMERE BELLINGHAM HEALTH CARE & REHAB SERVICES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 BIRCHWOOD AVENUE BELLINGHAM, WA 98225 | | |
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| F 323 | <p>Continued From page 10</p> <p>was concluded the bruise was self-inflicted. The resident was "known to swing her legs around and could have easily hit the wheelchair." The plan was to ask therapies to check the wheelchair for possible padding.</p> <p>Multiple observations were made of the resident in her wheelchair. The resident was observed hitting her toes on the footrest pedals and the side of her outer legs against the footrest bars. There was no padding present on the footrest bars or pedals.</p> <p>The care plan was reviewed. No interventions were identified protecting her from further self-inflicted injury regarding her frequent movement of the lower extremities while in the wheelchair.</p> <p>In an interview on 10/3/13 at 9:20 a.m., Staff F, a specialized rehabilitation services staff member, stated the resident had not been on "the therapist case load" since 6/10/13.</p> <p>In an interview at 9:47 a.m. Staff B, the Resident Care Manager, was not able to confirm if therapy had evaluated the resident's wheelchair for padding.</p> <p>In an interview at 11:00 a.m. with the Director of Nursing Services, she was made aware therapy had not evaluated the resident's wheelchair for padding. She further stated, she had thought it had been done.</p> | F 323 | | | |